

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0040543

Facility Name: Tabor Hills Health Care Fac

Address: 1347 Crystal Avenue Naperville 60563
Number City Zip Code

County: DuPage

Telephone Number: (630) 778-6677 Fax # (630) 778-6680

HFS ID Number:

Date of Initial License for Current Owners: 4/28/95

Type of Ownership:

☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☒	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code	501 (c)(3)	☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:
Name: Amanda Springborn Telephone Number: (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the
State of Illinois, for the period from 10/1/2019 to 9/30/2020
and certify to the best of my knowledge and belief that the said contents
are true, accurate and complete statements in accordance with
applicable instructions. Declaration of preparer (other than provider)
is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information
in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	Frances Salinas	
Paid Preparer	(Title)	CEO	
	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)	RSM US LLP 20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173	
	(Telephone)	(847) 517-7070	Fax # (847) 517-7067
MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630			

Facility Name & ID Number Tabor Hills Health Care Fac# 0040543 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>169</u>	Skilled (SNF)	<u>169</u>	<u>61,854</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>169</u>	TOTALS	<u>169</u>	<u>61,854</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>13,575</u>	<u>24,812</u>	<u>6,050</u>	<u>44,437</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>13,575</u>	<u>24,812</u>	<u>6,050</u>	<u>44,437</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 71.84%

D. How many bed reserve days during this year were paid by the Department?

0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Note : Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒NO ☐

I. On what date did you start providing long term care at this location?

Date started

4/28/95

J. Was the facility purchased or leased after January 1, 1978?

YES ☒

Date

4/28/95NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐If YES, enter number
of beds certified47

and days of care provided

6,050

Medicare Intermediary

National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 9/30/2020Fiscal Year: 9/30/2020

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number	Tabor Hills Health Care Fac	#	0040543	Report Period Beginning:	10/1/2019	Ending:	9/30/2020
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)							

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	500,611	36,525	13,059	550,195		550,195		550,195			1
2	Food Purchase		378,581		378,581		378,581		378,581			2
3	Housekeeping	259,579	121,298	-	380,877		380,877		380,877			3
4	Laundry	193,480	5,894	-	199,374		199,374		199,374			4
5	Heat and Other Utilities			297,790	297,790		297,790		297,790			5
6	Maintenance	224,900	66,333	149,519	440,752		440,752	5,071	445,823			6
7	Other (specify):* Hazardous Disposals	-	-	12,939	12,939		12,939		12,939			7
8	TOTAL General Services	1,178,570	608,631	473,307	2,260,508		2,260,508	5,071	2,265,579			8
	B. Health Care and Programs											
9	Medical Director	-	-	33,990	33,990		33,990		33,990			9
10	Nursing and Medical Records	5,328,017	172,233	664,342	6,164,592		6,164,592	35,102	6,199,694			10
10a	Therapy	247,905	1,102	-	249,007		249,007		249,007			10a
11	Activities	229,294	2,399	2,427	234,120		234,120	(2,399)	231,721			11
12	Social Services	151,314	58	1,480	152,852		152,852		152,852			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):*	-	-	-								15
16	TOTAL Health Care and Programs	5,956,530	175,792	702,239	6,834,561		6,834,561	32,703	6,867,264			16
	C. General Administration											
17	Administrative	114,267	-	-	114,267		114,267		114,267			17
18	Directors Fees			-								18
19	Professional Services			381,519	381,519		381,519	(35,829)	345,690			19
20	Dues, Fees, Subscriptions & Promotions			37,035	37,035		37,035	(3,646)	33,389			20
21	Clerical & General Office Expenses	443,058	13,847	204,150	661,055		661,055	(11,071)	649,984			21
22	Employee Benefits & Payroll Taxes			2,186,996	2,186,996		2,186,996		2,186,996			22
23	Inservice Training & Education			(85)	(85)		(85)		(85)			23
24	Travel and Seminar			1,649	1,649		1,649		1,649			24
25	Other Admin. Staff Transportation		-	13,030	13,030		13,030		13,030			25
26	Insurance-Prop.Liab.Malpractice			269,194	269,194		269,194		269,194			26
27	Other (specify):*			-								27
28	TOTAL General Administration	557,325	13,847	3,093,488	3,664,660		3,664,660	(50,546)	3,614,114			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,692,425	798,270	4,269,034	12,759,729		12,759,729	(12,773)	12,746,957			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			659,593	659,593		659,593	43,214	702,807			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			117,596	117,596		117,596	(1,758)	115,838			32
33	Real Estate Taxes			-								33
34	Rent-Facility & Grounds			-								34
35	Rent-Equipment & Vehicles			-								35
36	Other (specify):*			-								36
37	TOTAL Ownership			777,189	777,189		777,189	41,456	818,645			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-								38
39	Ancillary Service Centers	-	368,408	485,983	854,391		854,391		854,391			39
40	Barber and Beauty Shops	-	-	424	424		424		424			40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			333,725	333,725		333,725		333,725			42
43	Other (specify):* Non-Allowable Cos	106,733	-	705,133	811,866		811,866	(811,866)				43
44	TOTAL Special Cost Centers	106,733	368,408	1,525,265	2,000,406		2,000,406	(811,866)	1,188,540			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,799,158	1,166,678	6,571,488	15,537,324		15,537,324	(783,183)	14,754,142			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,071)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	43,214	30		9
10	Interest and Other Investment Income	(1,758)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(728)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(609,311)	43		24
25	Fund Raising, Advertising and Promotional	(1,874)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG5A	(201,655)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (783,183)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (783,183)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Expense	\$ 6,731	43	1
2	X-Ray Expense	(21,560)	43	2
3	Lab Expense	(48,582)	43	3
4	Activities Fund Raising	(2,399)	11	4
5	Travel & Entertainment	(199)	43	5
6	Marketing Salary	(32,900)	43	6
7	Reclass to Repairs & Maintenance	1,425	6	7
8	Reclass Inspections from Licenses to RM	3,646	20	8
9	Reclass Inspections from Licenses to RM	(3,646)	6	9
10	Reclass Software from Computer to Nursing	35,102	10	10
11	Reclass Software from Computer to Nursing	(35,102)	19	11
12	Senior Day Services	(77,317)	43	12
13	Senior Fit Wellness Program	(26,854)	43	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
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31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(201,655)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bohemian Home for the Aged	100			Bohemian Home for the Aged	Naperville	Townhomes

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V			\$			\$		1
2	V								2
3	V		N/A						3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	* 0	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Gloria Pindiak	President	Admin. & VP	0	0	0	0.00	Brd Mtg Fees	\$ 0	L21, C3	1
2	Robert Peiler	Vice President	Board of Directors	0	0	18	100.00	Salary	10,610	L11, C1	2
3	Lynda Filipello	Secretary	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	3
4	James Hill	Treasurer	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	4
5	Angelina Bultas	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	5
6	John Bozett	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	6
7	John Eckman	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	7
8	Jim Kopriva	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	8
9	Judy Mayer	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	9
10	Frank Michael	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	10
11	Frances Salinas	CEO/CFO	Board of Directors	0	0	30+	75.00	Salary	204,000	L21, C1	11
12	Aaron Troy	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	12
13								TOTAL	\$ 214,610		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Ending: 9/30/2020

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IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1	Illinois Revenue Authority		X	Mortgage	Principal and interest due upo	11/22/06	\$ 4,970,670	\$ 2,862,621	11/15/36	Varies	\$ 117,596	1
2					presentment							2
3					(semi-annually)							3
4												4
5												5
	Working Capital											
6	Fifth Third Bank		X	PPP Loan	Monthly, starts from 7th month	4/30/2020	1,580,700	1,580,700	4/29/2022	1%	-	6
7												7
8												8
9	TOTAL Facility Related						\$ 6,551,370	\$ 4,443,321			\$ 117,596	9
	B. Non-Facility Related*											
10												10
11												11
12								Interest Income			(1,758)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (1,758)	14
15	TOTALS (line 9+line14)						\$ 6,551,370	\$ 4,443,321			\$ 115,838	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2019 report.			\$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2019	\$		2
3. Under or (over) accrual (line 2 minus line 1).			\$		3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		Alloc. Fr. Mgmt. Co.	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2015		8	
		2016		9	
		2017		10	
		2018		11	
		2019		12	
Facility is a not-for-profit entity and exempt from real estate tax.					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

- NOTES:
- 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
 - 2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Tabor Hills Health Care Facility, Inc. COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0040543

CONTACT PERSON REGARDING THIS REPORT Frances Salinas

TELEPHONE (630) 778-6677 FAX #: (630) 778-6680

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>Facility is a not-for-profit and exemp</u>	<u></u>	\$ <u></u>	\$ <u></u>
2. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
3. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u><u></u></u>	\$ <u><u></u></u>

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES N/A NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

PLEASE NOTE: *Payment information from the Internet* or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,980

B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
Bohemian Home for the Aged d/b/a Tabor Hills Adult Community provides housing to seniors through an adult living community.
There are 104 townhomes and a total of 1,267,596 square feet of land.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
If so, please complete the following:

☐ YES☒ NO

1. Total Amount Incurred: N/A

2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A

4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	264,519	1995	\$ 574,693	1
2					2
3	TOTALS	264,519		\$ 574,693	3

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XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	169		1995	1995	\$ 10,039,753	\$ 249,932	40	\$ 249,932	\$	\$ 6,384,942	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Leasehold Improvements			1995	38,378		28	36	36	37,968	9
10	Leasehold Improvements			1996	3,938	26	40	97	71	2,288	10
11	Leasehold Improvements			1997	42,360	91	40	1,060	969	24,822	11
12	Leasehold Improvements			1998	9,810	144	34	144		7,301	12
13	Leasehold Improvements			1999	94,096		10			94,096	13
14	Leasehold Improvements			2000	45,499	82	20	82		43,906	14
15	Leasehold Improvements			2001	22,166	554	40	554		10,693	15
16	Leasehold Improvements			2002	61,663		10			61,663	16
17	Leasehold Improvements			2003	154,358	3,384	25	3,384		71,985	17
18	Leasehold Improvements			2004	2,250,358	54,975	28	54,975		928,936	18
19	Leasehold Improvements			2005	5,551	139	40	139		2,154	19
20	Leasehold Improvements			2006	334,267	9,828	35	9,825	(3)	148,563	20
21	Leasehold Improvements			2007	159,752	3,011	29	3,011		79,957	21
22	Leasehold Improvements			2008	222,391	5,809	35	5,809		75,734	22
23	Leasehold Improvements			2009	138,766	4,661	21	4,661		52,944	23
24	Leasehold Improvements			2010	301,080	7,444	40	7,528	84	76,703	24
25	Leasehold Improvements			2011	79,543	3,831	17	6,674	2,843	63,726	25
26	Leasehold Improvements			2012	422,391	12,947	34	12,947		115,357	26
27											27
28	1W & 2W Renovation			2013	5,005	125	40	125		943	28
29	-1W Dining Room drywall near stove area										29
30	-2W Bathroom renovation: relocate and supply return ductwork										30
31	-2W Bathroom drywall										31
32											32
33	Bathroom Shower Locks for 2W			2013	2,952	74	40	74		566	33
34	Beadboards for 2W			2013	9,853	246	40	246		1,886	34
35	Carpentry Work for 2W Shower Rooms			2013	57,614	1,440	40	1,440		10,589	35
36	Carpeting for 2E & 2W			2013	51,919	1,298	40	1,298		10,113	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Crashrail for 2E & 2W	2013	\$ 15,589	\$ 390	40	\$ 390	\$	\$ 2,948	37
38 Electrical Work for 1N Doors, 2W & 2W Shower Room	2013	7,109	178	40	178		1,322	38
39 Molding for 2W	2013	4,265	107	40	107		823	39
40 New Counter Top for 1W Nurse Station	2013	10,200	255	40	255		1,966	40
41 New Duct Work in Vending Maching Area	2013	7,783	195	40	195		1,428	41
42 New Fire Alarm Relay Doors	2013	2,747	69	40	69		505	42
43 New Signs for 2E	2013	3,536	88	40	88		654	43
44 Nurse Station Door 1W	2013	3,304	83	40	83		628	44
45 Wallcovering for 2E, 2W, Elevator Lobby & Sunroom Corridor	2013	53,325	1,333	40	1,333		10,275	45
46 Wall Base & Carpet Installation for 2E	2013	9,368	234	40	234		1,717	46
47 Remove & Re-Install Outdoor Lighting for Walk-In Area	2013	8,902	223	40	223		1,597	47
48 Flooring Installation - 2W	2013	21,408	535	40	535		3,924	48
49 Window Treatment & Installation - 2W & Dining Room	2013	14,788	1,479	10	1,479		11,348	49
50 Installation of Crown Molding & Design Fees - 2E & 2W Rooms	2013	32,238	3,224	10	3,224		24,790	50
51 Build & Install Cabinetry for the Executive Board Room	2013	4,824	482	10	482		3,616	51
52 Install MOD Motor in Heater Unit - Boiler Room	2013	5,513	551	10	551		4,180	52
53 Installation of Rooftop Fan, Compressor Circuit & Control Panel	2013	8,528	853	10	853		6,192	53
54 Resurfacing of Streets & Parking Lot	2013	13,315	888	15	888		6,437	54
55 Repair leaking hot water tank, flange, drain valve & piping - Kitchen	2013	12,916	646	20	646		4,413	55
56 Landscaping - replace ash trees, remove grindings, new topsoil & se	2013	2,605		5			2,605	56
57 Remove and replace wander guard system on all door entryways	2013	48,267	4,827	10	4,827		32,983	57
58 Furnish & install window shades - 2 East & 2 West Lounges	2013	2,897	290	10	290		2,005	58
59 Install 6 closet doors, 6 chainbolts & door closers - Main Hallway	2014	3,205	321	10	321		2,085	59
60 Adj. fire doors, closers/hinges, panic bar/maglock - Beauty Shop Ha	2014	3,517	352	10	352		2,287	60
61 Replace 40' of 4" cast iron rod piping to sewer - Kitchen	2014	8,000	400	20	400		2,667	61
62 Replace 25' of 4" cast iron rod piping to sewer - Kitchen	2014	6,800	680	10	680		4,533	62
63 Replace (2) 2" 3-phase sump pumps with 2 check valves - Kitchen	2014	3,100	310	10	310		2,067	63
64 Repair kitchen flooring due to grease trap and sewer back up	2014	3,250	325	10	325		2,167	64
65 Change 5 GFI receptacles, install new switches,change out 4-2X4	2014	3,865	387	10	387		2,579	65
66 fixtures to indirect T8, update exit signs to LED, change 2 pumps								66
67 in sump pit, wire receptacles for the furnace, install a 1900 box								67
68 and 3/4" piping to panel - Kitchen								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 14,878,627	\$ 379,746		\$ 383,746	\$ 4,000	\$ 8,452,577	70

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 14,878,627	\$ 379,746		\$ 383,746	\$ 4,000	\$ 8,452,577	1
2	<u>Install 4 LED exit signs (2 W); replace light fixtures (Electric Room</u>	2014	6,228	623	10	623		4,078	2
3	<u>Remove and resurface 3" of asphalt - Streets & Parking Lot</u>	2014	27,190	3,399	8	3,399	(0)	14,634	3
4	<u>Resurface pavement and striping - Streets & Parking Lot</u>	2014	174,950	21,869	8	21,869		94,156	4
5	<u>Install EM wires for the two new boilers - Electrical/Mechanical Ro</u>	2014	4,915	492	10	492		3,074	5
6	<u>Remove & replace trees around property</u>	2014	9,771	651	5	651		3,907	6
7	<u>Install new front panel and dispensing chute for ice machine - Kitch</u>	2014	5,575	558	10	558		3,533	7
8	<u>Replace & install two new boilers - Electrical/Mechanical Room</u>	2014	122,980	6,149	20	6,149		39,181	8
9									9
10	<u>Install 30 LED 2x4 Light Fixtures - 2 East</u>	2014	6,763	676	10	676		4,226	10
11	<u>Install Carpet - 1 West</u>	2014	2,848	285	10	285		1,734	11
12	<u>Supply and Install Acoustical Ceiling - Board Room</u>	2014	3,332	333	10	333		2,026	12
13									13
14	<u>R/M Reclass: Replace limit switch for heater in dining room;</u>	2014	3,936		10	394	394	2,560	14
15	<u>Replace 2 burnt out exhaust motors on roof.</u>								15
16									16
17	<u>R/M Reclass: Furnish and install new compressor and filter.</u>	2014	3,494		10	349	349	2,270	17
18	<u>Update drains and condensor. Location: kitchen</u>								18
19									19
20	<u>R/M Reclass: Install new air compressor for dry system</u>	2014	3,485		12	290	290	1,886	20
21	<u>in mechanical room</u>								21
22									22
23	<u>R/M Reclass: Repair top hinges/plates and leaking doors</u>	2014	3,325		10	333	333	2,163	23
24	<u>throughout the facility</u>								24
25									25
26	<u>R/M Reclass: Furnish and install new motor for ice machine</u>	2014	3,417		10	342	342	2,222	26
27	<u>Furnish and install new water inlet valve</u>								27
28	<u>water probe for ice machine in kitchen</u>								28
29									29
30	<u>Pavement Sealcoat/Restripe Pavement - Parking Lot</u>	2014	12,000	800	15	800		4,800	30
31	<u>Remove and Replace plant material- Pavillion Side</u>	2014	5,778	385	15	385		2,310	31
32	<u>Relocate 13 Smoke Detectors/Fire Alarm Test and Inspect Panel</u>	2014	16,958	1,696	10	1,696		9,752	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,295,572	\$ 417,662		\$ 423,370	\$ 5,708	\$ 8,651,087	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XL OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 15,295,572	\$ 417,662		\$ 423,370	\$ 5,708	\$ 8,651,087	1
2	Wall/Floor Tiles	2015	13,500	1,350	10	1,350		7,650	2
3	43" x 114" textured wall/covering Crashrail/Beadboard - One North	2015	6,455	645	10	645		3,656	3
4	Hot Water Heater Project	2015	19,694	1,969	10	1,969		11,159	4
5	Pipefitter Material/Carthage/Bad Blower Motor/Labor/Fusible Lin								5
6	Carthage - Administration								6
7	Replaced 2 relief valves/Checked heater/Found bad motor/labor/								7
8	carthage - Boiler Room								8
9	Cleaned Heat Exchanger/Labor/Pipefitter/carthage - Kitchen Area								9
10	Replaced Fuses/Bad Coil - Unit 3								10
11	Replaced motor in fan coil unit/Labor/Pipefitter/Carthage - South S								11
12	Replaced 1st Stage bad compressor/Fixed Leak on Loader/60lbs								12
13	of R22 - RTU								13
14	Replaced 40 LED Fixtures/ Whips -	2015	9,017	601	15	601		3,406	14
15	Plumbing Projects	2015	17,000	1,700	10	1,700		3,648	15
16	Installed 2 shower valves, diverter valves, hand shower/Replaced								16
17	trim/Removed drinking fountain/Replaced toilet - 2nd floor shower								17
18	Repaired 3 sinks in kitchens with new drains/Repaired 2 toilets - Ki								18
19	Installed 4 new 1" backflow valves preventers for lawn irrigation/								19
20	Repaired 8 24' inlets with mortar mix - Outside								20
21	Replaced 3 basket strainers for 3 compartment sinks/3 eye wash an								21
22	7 material sinks - Residential Area								22
23	Konecto Plank Sierra Plank/Wall Base/Floating Vinyl/Millwork Bas	2015	34,525	3,452	10	3,452		19,275	23
24	1 North Alzheimers Wing								24
25	Key Locks & Key Pads	2015	3,573	357	10	357		1,994	25
26	Universal Coordinator Prime Coated/Automatic flush for wood doc								26
27	1st Floor Kitchen,Laudry, Central Supply Rooms								27
28	212 SE weatherproof,surface mounted keypad (aluminum) - Demer								28
29	Electrical Work	2015	25,421	2,542	10	2,542		14,193	29
30	Replaced Exit Signs - 1West Corridor/Dining Area/2 East Shower I								30
31	2 East Stairway/Boiler Room								31
32	Removed and installed new circuits for emergency panel - 2 East Sh								32
33	Installed 2 new can lights and temporary dimmer/Reworking switch								33
34	TOTAL (lines 1 thru 33)		\$ 15,424,757	\$ 430,278		\$ 435,986	\$ 5,708	\$ 8,716,070	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 15,424,757	\$ 430,278		\$ 435,986	\$ 5,708	\$ 8,716,070	1
2	switches - 1 North Hallway								2
3	Installed new panel placards for Emergency panel/Ran 1/2 pipe-B								3
4	Supply tempered glass/ Install and Tape Drywall to close gaps in fir	2015	30,794	3,079	10	3,079		16,936	4
5	Dining Room; Waterproofing and Tile Work - 2 East Shower Room								5
6	Installed 40 new indirect LED fixtures - Garages/1 North Activity R	2015	18,863	1,886	10	1,886		10,374	6
7	2 West Hallway								7
8	3 application program of Apple Scab/Rust Spray - Outside	2015	3,901	260	15	260		1,408	8
9	Installed Terasafe Ultra Vinyl Flooring/Inlaid Sheet Vinyl - Pavillion	2015	8,359	836	10	836		4,459	9
10	Lighting Project	2015	26,817	2,682	10	2,682		14,079	10
11	Installed indirect LED hallway fixtures - 2 East, 1 North and 2 East								11
12	Hallway								12
13	Relocated 1/2" pipe in ceiling of nurses station and installed 1 switc								13
14	Replaced T12 fixtures with LED can lights - 1 North Nurses Station								14
15	Replaced over the bed lights - 2 West Rooms 202, 203, 204 and 206								15
16	Replaced existing 2x2 fixtures - 1 North Residents Rm/Locker Rm/								16
17	Replaced relays for lights with new GE contractor 12 pole - Outside								17
18	Worked on lights - 2 East Shower/Tub Room								18
19	Changed outside exit sign to LED sign - Outside								19
20	Installed 6 can lights - 2 East Shower Room								20
21	Installed outlet inside garage - Garages								21
22	Architectural Service Fee - SNF Medicare Wing Addition	2015	27,900	2,790	10	2,790		5,697	22
23	Installed 4 weather proof junction boxes and 13 30' bronze poles an	2015	67,200	6,720	10	6,720		13,720	23
24	104 watt LED fixutres, LED, 500k fixtures on excisting concrete pa								24
25	Outdoor Lighting								25
26	Drywall Project	2015	26,586	2,659	10	2,659		13,737	26
27	Applied 2 coats of sealer to exposed drywall/Installed grab bars, cu								27
28	rods and corner shower caddies - 1 North Bathrooms								28
29	Installed new 5/8 drywall on ceiling. Added framing as needed - 1 N								29
30	Bathrooms								30
31	Waterproofing and Tile Work - 2 East Shower Room								31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,635,177	\$ 451,190		\$ 456,898	\$ 5,708	\$ 8,796,479	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 15,635,177	\$ 451,190		\$ 456,898	\$ 5,708	\$ 8,796,479	1
2	Doors/Drywall/Ceiling Project	2015	11,788	1,179	10	1,179		5,992	2
3	Supplied and installed door hinges for kitchen/Removed rubbing d								3
4	1 North								4
5	Installed new drywall - 2 East Shower and Bathroom/TV Room								5
6	Installed new countertop, side support/pencil drawers - Physical								6
7	Therapy Room								7
8	Supplied ceiling tiles - 1 North								8
9	Installed bathroom fixtures - Shower Rooms								9
10	Landscaping around property - Outside	2015	13,868	925	15	925		4,701	10
11									11
12	R/M Reclass: Painting entire rooms on Units 100, 200 and common	2015	55,296		10	5,530	5,530	30,414	12
13									13
14	R/M Reclass: Replaced 2 motors on roof top units.	2015	2,666		10	267	267	1,470	14
15									15
16	R/M Reclass: Replaced motor on air conditioner unit in employee lu	2015	2,551		10	255	255	1,403	16
17									17
18	R/M Reclass: Replaced motor, supply box and fire damper	2015	5,330		10	533	533	2,932	18
19									19
20	R/M Reclass: Installed eye wash sinks and toilet	2015	3,344		20	167	167	920	20
21									21
22									22
23	HVAC - Install 2 New Rooftop Units	2015	284,235	28,424	10	28,424		146,856	23
24	Furnish 12 Bollard Retrofit Kits for Existing Bases (Lighting)	2015	7,620	191	40	191		858	24
25	Outside on Facility Grounds								25
26	Update Business Office	2016	199,572	4,989	40	4,989		21,463	26
27	- Install new flooring								27
28	- Remove and install new lighting; electrical, wiring, pipes								28
29	- Remove & replace ceiling tiles, grids, wall angles, duct work								29
30	- Install air handler, replace motor, remove supply/return line								30
31	- Plumbing, sewer lines								31
32	- Install drywall & new doors								32
33	- Painting, removing wallpaper								33
34	TOTAL (lines 1 thru 33)		\$ 16,221,447	\$ 486,898		\$ 499,358	\$ 12,460	\$ 9,013,488	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 16,221,447	\$ 486,898		\$ 499,358	\$ 12,460	\$ 9,013,488	1
2	Engineering services, preliminary designs and concepts,	2016	99,705	2,493	40	2,493		12,190	2
3	topographic survey, wetland delineation - new wing addition								3
4									4
5	Install new registers and valves; replace fire dampers:	2016	22,222	556	40	556		2,434	5
6	- 2 West; 1st & 2nd Floor Bathrooms								6
7									7
8	Install new motor & timers in kitchen; replace blower	2016	5,951	149	40	149		658	8
9	motor water probe; replace power module & switch								9
10									10
11	Remove and install new exhaust fan due to broken coil:	2016	5,036	126	40	126		556	11
12	- Activity Room								12
13									13
14	Install new shut off valves & insulated piper in boiler room	2016	4,849	121	40	121		535	14
15									15
16	Window Treatment & Installation - Sun Room	2016	3,242	324	10	324		1,486	16
17									17
18	Installation of new roof over SNF building	2016	349,871	8,747	40	8,747		36,484	18
19									19
20	Replace walk-in cooler compressor - Kitchen	2016	3,702	93	40	93		379	20
21									21
22	R/M Reclass: Replace Zone Valves, Fan Coils & Speed Control	2015	12,325		10	1,233	1,233	5,546	22
23	- Rooms: 125, 200, 202, 205, 207-211, 218, 219, 224 & 227								23
24									24
25	R/M Reclass: Remove & Install New High Limit Sensor for	2015	3,170		10	317	317	1,427	25
26	Boiler; Update Rod in Heat Exchanger - Boiler Room								26
27									27
28	R/M Reclass: Furnish & Install Firestops (throughout Facility)	2015	14,415		20	721	721	3,243	28
29									29
30	R/M Reclass: Install Vinyl Flooring (Rooms 200, 201, 206 & 214)	2016	4,804		10	480	480	2,162	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,750,739	\$ 499,507		\$ 514,717	\$ 15,210	\$ 9,080,587	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2019

Ending:

9/30/2020

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 16,750,739	\$ 499,507		\$ 514,717	\$ 15,210	\$ 9,080,587	1
2	Replaced lights in front of building, admin office, nurse call lights on	2016	7,276	182	40	182		698	2
3	- 2 East, and lobby to LED. Install wiring for new door magnet on the								3
4	nurses's office on 2nd FL, a steel cover plate o 1st FL family room, &								4
5	- 2 x 4 fixtures on garage for extra lighting.								5
6									6
7	Changed bulbs on 2 outside wall packs by stairwell 1 & 4 and resident	2016	2,906	73	40	73		280	7
8	- rooms. Replaces lights in from sign to LED lights. Installed addition								8
9	- outlets on Activity office on 2nd FL to eliminate power strips.								9
10									10
11	Installed receptacle at end of 2 East hall. Changed lights on 2 Ease Med	2016	3,190	80	40	80		306	11
12	- room to LED. Added timers to garden lights. Replace existing								12
13	- wall packs in the garden area to LED.								13
14									14
15	Changed lights in Lobby, Rm 224 and 260 and fixtures in Rm 219, 258	2016	3,072	77	40	77		289	15
16	' -159. Checked voltage &25:25amperage for breakers in East dining								16
17	- room. Also check amperage for all remaining breakers.								17
18									18
19	Installation of stroage, counter tops fireglass and frames in the finance	2016	7,917	198	40	198		792	19
20	- office. Reinforced cabinetry, removal of old caulk from exterior								20
21	- brick work by main entrance and the application of new sealant on								21
22	- limestone caps. (=Finance Office)								22
23									23
24	Installation of upper strage cabinets, under counter drawer file	2016	7,843	196	40	196		784	24
25	- cabinets, wall cleat, cherry laminated counter top, back splash and								25
26	- aluminum back splashed. (Finance Office)								26
27									27
28	Installation of stainless steel sink, lower and upper cabinets, wall caps	2016	10,999	275	40	275		1,100	28
29	- and dividers including painting and staining. (Finance Office)								29
30									30
31	Final payout for 2016 roofing of SNF (See PG 12D - Line 18)	2016	19,819	495	40	495		1,939	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,813,761	\$ 501,083		\$ 516,293	\$ 15,210	\$ 9,086,774	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2019

Ending:

9/30/2020

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment.** (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 16,813,761	\$ 501,083		\$ 516,293	\$ 15,210	\$ 9,086,774	1
2	<u>Installment of heating/cooling system pumps including reconnecting</u>	2017	21,376	534	40	534		1,691	2
3	<u>- existing power supply, fill and pressure test the new install and</u>								3
4	<u>- configure piping to connect the new pump.</u>								4
5									5
6	<u>Concrete Work</u>	2017	76,210	5,081	15	5,081		16,513	6
7	<u>- 2" mill and pave appr. 515 square feet (McDowell Circle Entrance)</u>								7
8	<u>- Remove and replace 3" of asphalt totaling appr. 8,960 square feet</u>								8
9	<u>(10 driveways)</u>								9
10	<u>- Restripe pavement 205 stalls, 22 H/C, 4 arrows, 4 stop bars with C</u>								10
11	<u>approved paint.</u>								11
12	<u>- Remove and replacce 8-9 areas of 4" concrete arrp 600 square fee</u>								12
13	<u>- Additional concrete work</u>								13
14									14
15	<u>R&M Reclass: Replace fire alarm system incluing new fire alarm</u>	2017	12,666		10	1,267	1,267	3,800	15
16	<u>- panel, annunciators, sensors and door holders (Entire Building)</u>								16
17									17
18									18
19	<u>Decorative Floating Foundation</u>	2018	4,871	325	15	325		758	19
20	<u>Driveway Removal & Replacement</u>	2018	13,950	930	15	930		2,093	20
21									21
22	<u>Asphalt/Sawcut Trence/Repainting Handicap Stalls-Parking Lot</u>	2018	4,500	300	15	300		625	22
23									23
24	<u>Pond/Patio renovation - Part 1</u>	2018	18,333	1,222	15	1,222		2,444	24
25									25
26	<u>R&M Reclass: Repair Underground Cables/ Broken Pipes</u>	2018	5,064		10	253	253	759	26
27	<u>- Pole lights, Pavilion</u>								27
28									28
29	<u>R&M Reclass: Repair leak in chiller & replace refrigerant</u>	2018	6,531		10	653	653	1,633	29
30	<u>- Kitchen</u>								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,977,262	\$ 509,475		\$ 526,859	\$ 17,384	\$ 9,117,091	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 16,977,262	\$ 509,475		\$ 526,859	\$ 17,384	\$ 9,117,091	1
2	Oxygen Room leak repair	2018	3,747	78	40	78		156	2
3	Pond/Patio Renovation-Cement, solvent.	2018	39,657	2,644	15	2,644		5,068	3
4	Defective Hydrant Valve Replacement	2018	5,273	352	15	352		674	4
5									5
6	R&M reclass-Walk in cooler, need new gaskets, door traps	2019	3,085	309	10	309		463	6
7	and light fixture								7
8									8
9	R&M reclass-New penetration into existing room system,	2019	3,565	357	10	357		535	9
10	fix drain strainer.								10
11									11
12	Damper material and labor	2019	6,770	113	40	113		113	12
13									13
14	Replace seal on taco pump in boiler room	2019	3,417	71	40	71		71	14
15									15
16	Carpentry, Plumbing, Flooring, Electrical, etc - 1W Wing & Therap	2020	4,782,642		40			-	16
17									17
18	Octagon Gazebo	2020	14,165	630	15	630		630	18
19									19
20	Thermosystems, controls & valves for Rooms 228, 222, 230, 231, Lo	2020	49,080	2,207	10	2,207		2,207	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	To Reconcile to Book Depreciation			(25,830)			25,830		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 21,888,663	\$ 490,404		\$ 533,618	\$ 43,214	\$ 9,127,006	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,317,567	\$153,961	\$153,961		5-20 years	\$1,084,583	71
72	Current Year Purchases	113,247	10,881	10,881		5-10 years	10,881	72
73	Fully Depreciated Assets	3,133,261					3,133,261	73
74								74
75	TOTALS	\$4,564,075	\$164,842	\$164,842	\$		\$4,228,725	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	See Schedule 13A	See Schedule 13A	See Sch. 13A	\$508,892	\$4,347	\$4,347	\$	5	\$498,133	76
77					-	-				77
78					-	-				78
79					-	-				79
80	TOTALS			\$508,892	\$4,347	\$4,347	\$		\$498,133	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$27,536,32381
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$659,59382
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$702,80783
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$43,21484
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$13,853,86485

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-care related bus	\$38,750	\$	\$38,750	86
87	Carpentry, Plumbing, Flooring, Electrical	567,336		-	87
88					88
89					89
90					90
91	TOTALS	\$606,086	\$	\$38,750	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2020

Schedule 13A

XI. Ownership Costs
Line 79 - Vehicle Depreciation

Use	Model, Make & Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
Facility Use	1997 Ford Eldorado Bus	1997	44,290			-	5	44,290
Medical Transportation	1988 Ford Van	1988	23,216			-	5	23,216
Facility Use	2000 Chrysler Van	2000	31,930			-	5	31,229
Administrative Use	2003 Van	2003	41,902			-	5	41,902
Facility Use	2004 Van	2004	70,823			-	5	70,823
	Pickup truck	2007	21,500			-	5	21,500
	Vehicle Parts	2007	3,377			-	5	3,376
Administrative Use	2008 Toyota Sienna	2008	25,138			-	5	25,138
	2000 Chevy Tahoe	2009	5,000			-	5	5,000
	Truck	2009	5,975			-	5	5,975
Facility Use	Van	2010	25,000			-	5	25,000
Facility Use	2011 Ford Elkhart Bus	2011	40,054			-	5	40,054
Facility Use	2010 Ford Elkhart Bus	2011	44,539			-	5	44,539
Facility Use	2011 Honda Odyssey Van	2011	39,957			-	5	39,957
Administrative Use	2014 Honda Odyssey Van	2013	42,456			-	5	42,456
Facility Use	2007 Chevy Silverado	2013	22,000			-	5	22,000
Facility Use	Snow Plow Parts	2017	10,471	2,094	2,094	-	5	5,934
Facility Use	2017 Ford F250 Truck	2017	8,069	1,614	1,614	-	5	4,572
Facility Use	A/R Imports	2018	3,195	639	639	-	5	1,172
TOTAL			508,892	4,347	4,347	-		498,133

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ N/A			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .
- N/A
N/A

9. Option to Buy: ☐ YES ☒ N/A NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: \$ - Description: N/A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ N/A	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
Beginning
Ending
11. Rent to be paid in future years under the current rental agreement:
- | | | |
|-----|--------------------|-------------|
| | Fiscal Year Ending | Annual Rent |
| 12. | /2021 | \$ |
| 13. | /2022 | \$ |
| 14. | /2023 | \$ |

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	L10a(1),L39(3)	2,221	hrs	\$ 93,964	2,947	\$ 167,888	\$	5,168	\$ 261,852	1
2	Licensed Speech and Language Development Therapist	L10a(1),L39(3)	19	hrs	344	1,174	75,742		1,193	76,086	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	L10a(1)&(2),L39(3)	2,925	hrs	153,597	3,420	188,048	1,102	6,345	342,747	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	L39(2)		# of prescripts				368,408		368,408	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify):										12
13	Other (specify):										13
14	TOTAL				\$ 247,905	7,541	\$ 431,678	\$ 369,510	12,706	\$ 1,049,093	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 37,464	\$ 37,464	1
2	Cash-Patient Deposits	-	-	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000)	1,435,945	1,435,945	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	312,485	312,485	6
7	Other Prepaid Expenses	38,300	38,300	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Sch 17A	(8,435)	(8,435)	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,815,759	\$ 1,815,759	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	574,693	574,693	13
14	Buildings, at Historical Cost	9,997,265	10,039,753	14
15	Leasehold Improvements, at Historical Cost	11,743,348	11,848,910	15
16	Equipment, at Historical Cost	5,800,249	5,072,967	16
17	Accumulated Depreciation (book methods)	(13,878,440)	(13,853,864)	17
18	Deferred Charges	-	-	18
19	Organization & Pre-Operating Costs	-	-	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	-	-	20
21	Restricted Funds	-	-	21
22	Other Long-Term Assets (spe Bond Issuance	27,026	27,026	22
23	Other(specify):	-	-	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,264,141	\$ 13,709,485	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,079,900	\$ 15,525,244	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 664,811	\$ 664,811	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	-	-	28
29	Short-Term Notes Payable	1,580,700	1,580,700	29
30	Accrued Salaries Payable	399,084	399,084	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,020	1,020	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	-	32
33	Accrued Interest Payable	-	-	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Sch 17A	793,819	793,819	36
37		-	-	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,439,434	\$ 3,439,434	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,625,714	2,625,714	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	236,907	236,907	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,862,621	\$ 2,862,621	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,302,055	\$ 6,302,055	46
47	TOTAL EQUITY (page 18, line 24)	\$ 9,777,845	\$ 9,223,189	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,079,900	\$ 15,525,244	48

*(See instructions.)

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2020

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

	Operating	After Consolidation
Description		
SDS - THH Unrestricted Net Assets	(8,435)	(8,435)
Total - Line 9	(8,435)	(8,435)
	-	-

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

	Operating	After Consolidation
Description		
Refunds (Residents)	3,444	3,444
Resident credit balances**	595,186	595,186
Exchange Clearing Account	318	318
Employee Lock Deposits	895	895
Beauty Shop Gift Certificates	552	552
Accrued Expenses	131,904	131,904
THH Granny Tax Accrued	(1,494)	(1,494)
Employee Life Insurance Premi	(7,766)	(7,766)
Public Aid Reconciling Account	2,299	2,299
Deferred Revenue - CARES Fund	68,481	68,481
Total - Line 36	793,819	793,819
	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 11,606,548	1
2	Restatements (describe):		2
3	Interfund Transfers	55,134	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 11,661,682	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,883,837)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,883,837)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 9,777,845	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,486,097	1
2	Discounts and Allowances for all Levels	(304,670)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,181,427	3
B. Ancillary Revenue			
4	Day Care	14,440	4
5	Other Care for Outpatients	-	5
6	Therapy	1,228,661	6
7	Oxygen	21,241	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,264,342	8
C. Other Operating Revenue			
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	11,071	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	263,871	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	48,636	19
20	Radiology and X-Ray	21,398	20
21	Other Medical Services	217,381	21
22	Laundry	-	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 562,357	23
D. Non-Operating Revenue			
24	Contributions	215	24
25	Interest and Other Investment Income***	1,758	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,973	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Sch 19A	643,388	28
28a		-	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 643,388	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,653,487	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,260,508	31
32	Health Care	6,834,561	32
33	General Administration	3,664,660	33
B. Capital Expense			
34	Ownership	777,189	34
C. Ancillary Expense			
35	Special Cost Centers	1,666,681	35
36	Provider Participation Fee	333,725	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,537,324	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,883,837)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,883,837)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,511,896	44
45	Private Pay - Net Inpatient Revenue	7,241,535	45
46	Medicare - Net Inpatient Revenue	1,427,996	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,181,427	49

* This must agree with page 4, line 45, column 4.
** Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.
*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.
****Provide a detailed breakdown of "Other Revenue" on an attached sheet.
^Entity is a cash basis taxpayer.

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2020

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
CARES Provider Relief Fund	636,353
BH-T Thrive Membership Dues	180
THH Resident Private- Cash Out	90
Fund Raising Income/Expenses	6,765
Total - Line 28	643,388
	-

Facility Name & ID Number **Tabor Hills Health Care Fac**# **0040543**

Report Period Beginning:

10/1/2019

Ending:

9/30/2020**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,848	2,316	\$ 227,801	\$ 98.36	1
2	Assistant Director of Nursing					2
3	Registered Nurses	57,025	61,530	2,494,758	40.55	3
4	Licensed Practical Nurses	18,387	20,443	687,585	33.63	4
5	CNAs & Orderlies	64,950	69,663	1,388,519	19.93	5
6	CNA Trainees					6
7	Licensed Therapist	3,639	4,041	158,923	39.33	7
8	Rehab/Therapy Aides	8,669	9,303	264,671	28.45	8
9	Activity Director	1,595	1,815	50,222	27.67	9
10	Activity Assistants	11,021	12,233	179,072	14.64	10
11	Social Service Workers	6,195	6,647	151,314	22.76	11
12	Dietician					12
13	Food Service Supervisor	7,065	7,408	80,333	10.84	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,867	23,137	420,278	18.16	15
16	Dishwashers					16
17	Maintenance Workers	7,351	7,916	224,900	28.41	17
18	Housekeepers	18,022	19,903	259,579	13.04	18
19	Laundry	14,013	14,683	193,480	13.18	19
20	Administrator	1,726	1,848	114,267	61.83	20
21	Assistant Administrator					21
22	Other Administrative	1,830	2,147	57,078	26.59	22
23	Office Manager	1,541	1,656	166,961	100.82	23
24	Clerical	11,880	13,290	219,019	16.48	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,172	4,534	217,046	47.87	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,351	3,804	98,285	25.84	31
32	Other Health C: <u>Sch 20A</u>	5,620	6,236	112,167	17.99	32
33	Other(specify) <u>Marketing</u>	1,057	1,175	32,900	28.00	33
34	TOTAL (lines 1 - 33)	271,824	295,728	\$ 7,799,158 *	\$ 26.37	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	244	\$ 12,076	1(3)	35
36	Medical Director	Monthly	33,990	9(3)	36
37	Medical Records Consultant	32	1,600	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,621	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	435	37,655	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	4	272	11(3)	44
45	Social Service Consultant	20	1,480	12(3)	45
46	Other(specify) <u>Medical Consultant</u>	Monthly	600	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	735	\$ 104,294		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	17	\$ 1,295	10(3)	50
51	Licensed Practical Nurses	81	4,395	10(3)	51
52	Certified Nurse Assistants/Aides	21,560	639,831	10(3)	52
53	TOTAL (lines 50 - 52)	21,658	\$ 645,521		53

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2020

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Program Coordinator	3,816	4,240	73,833	\$ 17.41
Central Supply	1,804	1,996	38,334	\$ 19.21
Total - Line 32 Other Health Care (specify):	5,620	6,236	112,167	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount
Anthony Harvat	Administrator	0	\$ 114,267	Workers' Compensation Insurance		\$ 139,576	IDPH License Fee		\$ 3,980
				Unemployment Compensation Insurance		74,913	Advertising: Employee Recruitment		18,688
				FICA Taxes		564,645	Health Care Worker Background Check		
				Employee Health Insurance		533,418	(Indicate # of checks performed 75)		749
				Employee Meals		0	Patient Background Checks 206		2,057
				Illinois Municipal Retirement Fund (IMRF)*		0	Miscellaneous Licenses, Fees, & Subscriptions		1,784
				Uniforms		2,291	Miscellaneous Dues		1,633
				Employee Appreciation		18,157	Allscripts License		4,220
				401(k) Expense		202,973	Miscellaneous Subscriptions		278
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)									
				Employee Pension		625,269	Less: Public Relations Expense		()
				Other Employee Benefits		25,754	Non-allowable advertising		()
							Yellow page advertising		()
							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 33,389
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)					
Description				Amount					
N/A				\$					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
See Schedule 21C	See Sch. 21C		\$ 381,519	N/A		\$	Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	1,649	
							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)		\$ 1,649

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2020

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Greenberg Traurig, Llp	Legal	46,174
Erickson Peterson Cramer	Legal	14,277
Wessels & Sherman	Legal	675
Polsinelli	Legal	8,513
Employees Benefits Corporation	Legal	500
Audit Adjustments	Legal	7,875
J.M. Hawkins, Inc	Computer	89,587
Optima Healthcare Solutions	Computer	4,318
Point Click Care	Computer	35,102
AT&T - Internet Service	Computer	6,882
Comcast Cable - Internet Service	Computer	3,261
Ability Network Inc.	Computer	8,250
MedCenterDisplay, LLC	Computer	5,148
ProviderTrust, Inc.	Computer	1,036
SNF Fifth Third Bank CC	Computer	17,329
Third Eye Health, Inc.	Computer	8,100
OnShift, Inc.	Computer	9,423
RSM US LLP	Accounting	49,518
Crowe LLP	Accounting	13,241
Provider Trust Inc.	Payroll	1,717
Health data System	Payroll	1,000
Paycom	Payroll	47,402
FMLA	Payroll	2,292
Others	Payroll	(100)
Total (agree to Schedule V, line 19, column 3)		381,519
Allocated from Management Company Legal Fees		
Allocated from Management Company Professional Services		
Less: Non-Allowable Legal Fees		(728)
Less: Reclass of Software Point Click Care		(35,102)
Total (agree to Schedule V, line 19, column 8)		345,690

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

No
- (2)

Are there any dues to nursing home associations included on the cost report?

No

If YES, give association name and amount.

N/A
- (3)

Did the nursing home make political contributions or payments to a political action organization?

No

If YES, have these costs been properly adjusted out of the cost report?

N/A
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

N/A
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

5-10 years
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 81,335

Line

10(2)
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

N/A
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 333,725

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.)

If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ -

Has any meal income been offset against related costs?

No

Indicate the amount.

\$ N/A
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

0

d. Have vehicle usage logs been maintained?

Adequate records have been maintained

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$ N/A
- (17)

Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

RSM US LLP
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?

See page 39 of the instructions for details.

Yes

Attach invoices and a summary of services for all architect and appraisal fees.